

Adopted	Rejected
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## COMMITTEE REPORT

YES:	8
NO:	4

### MR. SPEAKER:

*Your Committee on Insurance, Corporations and Small Business, to which was referred Senate Bill 390, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:*

1           Page 1, between the enacting clause and line 1, begin a new  
2           paragraph and insert:  
3           "SECTION 1. IC 16-18-2-163, AS AMENDED BY P.L.188-1995,  
4           SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
5           JANUARY 1, 1999]: Sec. 163. (a) "Health care provider", for purposes  
6           of IC 16-21 and IC 16-41, means any of the following:  
7           (1) An individual, a partnership, a corporation, a professional  
8           corporation, a facility, or an institution licensed or legally  
9           authorized by this state to provide health care or professional  
10          services as a licensed physician, a psychiatric hospital, a  
11          hospital, a health facility, an emergency ambulance service  
12          (IC 16-31-3), a dentist, a registered or licensed practical nurse,  
13          a midwife, an optometrist, a pharmacist, a podiatrist, a  
14          chiropractor, a physical therapist, a respiratory care practitioner,  
15          an occupational therapist, a psychologist, a paramedic, an  
16          emergency medical technician, or an advanced emergency

1 technician, or a person who is an officer, employee, or agent of  
 2 the individual, partnership, corporation, professional  
 3 corporation, facility, or institution acting in the course and scope  
 4 of the person's employment.

5 (2) A college, university, or junior college that provides health  
 6 care to a student, a faculty member, or an employee, and the  
 7 governing board or a person who is an officer, employee, or  
 8 agent of the college, university, or junior college acting in the  
 9 course and scope of the person's employment.

10 (3) A blood bank, community mental health center, community  
 11 mental retardation center, community health center, or migrant  
 12 health center.

13 (4) A home health agency (as defined in IC 16-27-1-2).

14 (5) A health maintenance organization (as defined in  
 15 IC 27-13-1-19).

16 (6) A health care organization whose members, shareholders, or  
 17 partners are health care providers under subdivision (1).

18 (7) A corporation, partnership, or professional corporation not  
 19 otherwise qualified under this subsection that:

20 (A) provides health care as one (1) of the corporation's,  
 21 partnership's, or professional corporation's functions;

22 (B) is organized or registered under state law; and

23 (C) is determined to be eligible for coverage as a health care  
 24 provider under IC 27-12 for the corporation's, partnership's,  
 25 or professional corporation's health care function.

26 Coverage for a health care provider qualified under this  
 27 subdivision is limited to the health care provider's health care  
 28 functions and does not extend to other causes of action.

29 **(b) "Health care provider", for purposes of IC 16-22-3-9.5 and**  
 30 **IC 16-22-8-39.5, means an individual who holds a valid license**  
 31 **under Indiana law to practice:**

32 **(1) chiropractic;**

33 **(2) optometry; or**

34 **(3) podiatry.**

35 ~~(b)~~ **(c) "Health care provider", for purposes of IC 16-35:**

36 **(1) has the meaning set forth in subsection (a); However, for**  
 37 **purposes of IC 16-35, the term also and**

38 **(2) includes a health facility (as defined in section 167 of this**

1 chapter).

2 SECTION 2. IC 16-22-3-9.5 IS ADDED TO THE INDIANA  
3 CODE AS A NEW SECTION TO READ AS FOLLOWS  
4 [EFFECTIVE JANUARY 1, 1999]: **Sec. 9.5. (a) The governing board  
5 may delineate privileges for the provision of patient care services  
6 by a health care provider.**

7 (b) A health care provider is eligible for privileges to provide  
8 patient care services, but the board shall establish and enforce  
9 reasonable standards and rules concerning a health care provider's  
10 qualifications for the following:

- 11 (1) Practice in the hospital.
- 12 (2) The granting of privileges to a provider.
- 13 (3) The retention of privileges.

14 (c) The fact that an applicant for privileges to provide patient  
15 care services is a health care provider may not serve as a basis for  
16 denying the applicant privileges to provide patient care services  
17 that are allowed under the professional license held by the  
18 applicant.

19 (d) The board may determine the kinds of health care  
20 procedures and treatments that are appropriate for an inpatient or  
21 outpatient hospital setting.

22 (e) The standards and rules described in subsection (b) may,  
23 in the interest of good patient care, allow the board to do the  
24 following:

- 25 (1) Consider a health care provider's postgraduate  
26 education, training, experience, and other facts concerning  
27 the provider that may affect the provider's professional  
28 competence.
- 29 (2) Consider the scope of practice allowed under the  
30 professional license held by a health care provider.
- 31 (3) Limit privileges for admitting patients to the hospital to  
32 physicians licensed under IC 25-22.5.
- 33 (4) Limit responsibility for the management of a patient's  
34 care to physicians licensed under IC 25-22.5.
- 35 (5) Limit or preclude a health care provider's performance  
36 of x-rays or other imaging procedures in an inpatient or  
37 outpatient hospital setting. However, this subdivision does  
38 not affect the ability of a health care provider to order x-rays

1 under that provider's scope of practice.

2 (f) The standards and rules described in subsection (b) may  
3 include a requirement for the following:

4 (1) Submitting proof that a health care provider is qualified  
5 under IC 27-12-3-2.

6 (2) Performing patient care and related duties in a manner  
7 that is not disruptive to the delivery of quality care in the  
8 hospital setting.

9 (3) Maintaining standards of quality care that recognize the  
10 efficient and effective utilization of hospital resources as  
11 developed by the hospital's medical staff.

12 (g) The standards and rules described in subsection (b) must  
13 allow a health care provider who applies for privileges an  
14 opportunity to appear before a peer review committee that is  
15 established by the board to make recommendations regarding  
16 applications for privileges by health care providers before the peer  
17 review committee makes its recommendations regarding the  
18 applicant's request for privileges.

19 (h) The board must provide for a hearing before a peer review  
20 committee for a health care provider whose privileges have been  
21 recommended for termination.

22 SECTION 3. IC 16-22-8-39.5 IS ADDED TO THE INDIANA  
23 CODE AS A NEW SECTION TO READ AS FOLLOWS  
24 [EFFECTIVE JANUARY 1, 1999]: Sec. 39.5. (a) The governing  
25 board may delineate privileges for the provision of patient care  
26 services by a health care provider.

27 (b) A health care provider is eligible for privileges to provide  
28 patient care services, but the board shall establish and enforce  
29 reasonable standards and rules concerning a health care provider's  
30 qualifications for the following:

31 (1) Practice in the hospital.

32 (2) The granting of privileges to a provider.

33 (3) The retention of privileges.

34 (c) The fact that an applicant for privileges to provide patient  
35 care services is a health care provider may not serve as a basis for  
36 denying the applicant privileges to provide patient care services  
37 that are allowed under the professional license held by the  
38 applicant.

1           (d) The board may determine the kinds of health care  
2           procedures and treatments that are appropriate for an inpatient or  
3           outpatient hospital setting.

4           (e) The standards and rules described in subsection (b) may,  
5           in the interest of good patient care, allow the board to do the  
6           following:

7               (1) Consider a health care provider's postgraduate  
8               education, training, experience, and other facts concerning  
9               the provider that may affect the provider's professional  
10              competence.

11              (2) Consider the scope of practice allowed under the  
12              professional license held by a health care provider.

13              (3) Limit privileges for admitting patients to the hospital to  
14              physicians licensed under IC 25-22.5.

15              (4) Limit responsibility for the management of a patient's  
16              care to physicians licensed under IC 25-22.5.

17              (5) Limit or preclude a health care provider's performance  
18              of x-rays or other imaging procedures in an inpatient or  
19              outpatient hospital setting. However, this subdivision does  
20              not affect the ability of a health care provider to order x-rays  
21              under that provider's scope of practice.

22           (f) The standards and rules described in subsection (b) may  
23           include a requirement for the following:

24               (1) Submitting proof that a health care provider is qualified  
25               under IC 27-12-3-2.

26               (2) Performing patient care and related duties in a manner  
27               that is not disruptive to the delivery of quality care in the  
28               hospital setting.

29               (3) Maintaining standards of quality care that recognize the  
30               efficient and effective utilization of hospital resources as  
31               developed by the hospital's medical staff.

32           (g) The standards and rules described in subsection (b) must  
33           allow a health care provider who applies for privileges an  
34           opportunity to appear before a peer review committee that is  
35           established by the board to make recommendations regarding  
36           applications for privileges by health care providers before the peer  
37           review committee makes its recommendations regarding the  
38           applicant's request for privileges.

1           **(h) The board must provide for a hearing before a peer review**  
2           **committee for a health care provider whose privileges have been**  
3           **recommended for termination.**

4           SECTION 4. IC 27-1-13-7 IS AMENDED TO READ AS  
5           FOLLOWS [EFFECTIVE JANUARY 1, 1999]: Sec. 7. **(a)** No policy  
6           of insurance against loss or damage resulting from accident to, or death  
7           or injury suffered by, an employee or other person or persons and for  
8           which the person or persons insured are liable, or, against loss or  
9           damage to property resulting from collision with any moving or  
10          stationary object and for which loss or damage the person or persons  
11          insured is liable, shall be issued or delivered in this state by any  
12          domestic or foreign corporation, insurance underwriters, association,  
13          or other insurer authorized to do business in this state, unless there  
14          shall be contained within such policy a provision that the insolvency or  
15          bankruptcy of the person or persons insured shall not release the  
16          insurance carrier from the payment of damages for injury sustained or  
17          loss occasioned during the life of such policy, and stating that in case  
18          execution against the insured is returned unsatisfied in an action  
19          brought by the injured person or his or her personal representative in  
20          case death resulted from the accident because of such insolvency or  
21          bankruptcy then an action may be maintained by the injured person, or  
22          his or her personal representative, against such domestic or foreign  
23          corporation, insurance underwriters, association or other insurer under  
24          the terms of the policy for the amount of the judgment in the said action  
25          not exceeding the amount of the policy. No such policy shall be issued  
26          or delivered in this state by any foreign or domestic corporation,  
27          insurance underwriters, association or other insurer authorized to do  
28          business in this state, unless there shall be contained within such policy  
29          a provision that notice given by or on behalf of the insured to any  
30          authorized agent of the insurer within this state, with particulars  
31          sufficient to identify the insured, shall be deemed to be notice to the  
32          insurer. No such policy shall be issued or delivered in this state to the  
33          owner of a motor vehicle, by any domestic or foreign corporation,  
34          insurance underwriters, association or other insurer authorized to do  
35          business in this state, unless there shall be contained within such policy  
36          a provision insuring such owner against liability for damages for death  
37          or injury to person or property resulting from negligence in the  
38          operation of such motor vehicle, in the business of such owner or

otherwise, by any person legally using or operating the same with the permission, expressed or implied, of such owner. If a motor vehicle is owned jointly by a husband and wife, either spouse may, with the written consent of the other spouse, be excluded from coverage under the policy. A husband and wife may choose instead to have their liability covered under separate policies. A policy issued in violation of this section shall, nevertheless, be held valid but be deemed to include the provisions required by this section, and when any provision in such policy or rider is in conflict with the provision required to be contained by this section, the rights, duties and obligations of the insurer, the policyholder and the injured person or persons shall be governed by the provisions of this section.

**(b) No policy of insurance shall be issued or delivered in this state by any foreign or domestic corporation, insurance underwriters, association, or other insurer authorized to do business in this state, unless it contains a provision that authorizes such foreign or domestic corporation, insurance underwriters, association, or other insurer authorized to do business in this state to settle the liability of its insured under IC 27-12 without the consent of its insured when the unanimous opinion of the medical review panel is not in favor of the insured."**

Page 3, line 3, delete "commercially available".

Page 3, line 4, after "used" insert "**or created**".

Page 3, line 8, delete "widely recognized as being".

Page 4, line 14, delete "The surcharge".

Page 4, delete lines 15 through 16.

Page 4, line 17, delete "the department under subsection (h)".

Page 4, delete lines 25 through 42.

Page 5, delete lines 1 through 25.

Page 5, line 28, reset in roman "as considered necessary,".

Page 5, reset in roman line 29.

Page 5, line 29, after "purchase" insert "**or retain**".

Page 5, line 30, reset in roman "and corporations to aid in protecting".

Page 5, line 30, delete "shall pay an attorney who is".

Page 5, line 31, delete "licensed to practice law in Indiana to protect".

Page 5, line 31, after "claims" insert ". ".

- 1 Page 5, delete lines 32 through 42.
- 2 Page 6, delete lines 1 through 2.
- 3 Page 6, between lines 2 and 3, begin a new paragraph and insert:
- 4 **"(b) When retaining legal services under subsection (a), the**
- 5 **commissioner shall retain competent and experienced legal counsel**
- 6 **licensed to practice law in Indiana to assist in litigation or other**
- 7 **matters pertaining to the fund."**
- 8 Page 6, line 3, delete "(b)" and insert "(c)".
- 9 Page 6, line 9, delete "(c)" and insert "(d)".
- 10 Page 6, line 21, after "except" insert **"setting a date for trial, an**
- 11 **action under IC 27-12-8-8, or"**.
- 12 Replace the effective date in SECTION 6 with "[EFFECTIVE
- 13 UPON PASSAGE]".
- 14 Page 6, line 26, delete **"(a) Beginning July 1, 1999, if"** and insert
- 15 **"If"**.
- 16 Page 6, between lines 30 and 31, begin a new line blocked left and
- 17 insert:
- 18 **"may file a motion in Marion county circuit court to dismiss the**
- 19 **case under Rule 41(E) of the Indiana rules of trial procedure.**
- 20 SECTION 7. IC 27-12-9-4 IS AMENDED TO READ AS
- 21 FOLLOWS [EFFECTIVE JULY 1, 1998]: Sec. 4. (a) ~~The~~
- 22 ~~commissioner shall forward the name of every health care provider;~~
- 23 ~~except a hospital; against whom a settlement is made or judgment is~~
- 24 ~~rendered under this article to the appropriate board of professional~~
- 25 ~~registration and examination for review of the fitness of the health care~~
- 26 ~~provider to practice the health care provider's profession. The medical~~
- 27 ~~review panel (as described in IC 27-12-10) shall make a separate~~
- 28 ~~determination, at the time that it renders its opinion under~~
- 29 ~~IC 27-12-10-22, as to whether the name of the defendant health~~
- 30 ~~care provider should be forwarded to the appropriate board of~~
- 31 ~~professional registration for review of the health care provider's~~
- 32 ~~fitness to practice the health care provider's profession. The~~
- 33 ~~commissioner shall forward the name of the defendant health care~~
- 34 ~~provider if the medical review panel unanimously determines that~~
- 35 ~~it should be forwarded. The medical review panel determination~~
- 36 ~~concerning the forwarding of the name of the defendant health~~
- 37 ~~care provider is not admissible as evidence in a civil action. In each~~
- 38 ~~case involving review of a health care provider's fitness to practice~~



forwarded under this section, the appropriate board of professional registration and examination may, in appropriate cases, take the following disciplinary action:

- (1) censure;
- (2) imposition of probation for a determinate period;
- (3) suspension of the health care provider's license for a determinate period; or
- (4) revocation of the license.

(b) Review of the health care provider's fitness to practice shall be conducted in accordance with IC 4-21.5.

(c) The appropriate board of professional registration and examination shall report to the commissioner the board's findings, the action taken, and the final disposition of each case involving review of a health care provider's fitness to practice forwarded under this section."

Page 6, delete lines 31 through 42.

Delete page 7.

Page 8, delete lines 1 through 21.

Page 10, between lines 23 and 24, begin a new paragraph and insert:

"SECTION 16. IC 34-4-12.6-1, AS AMENDED BY P.L.147-1997, SECTION 74, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 1999]: Sec. 1. (a) As used in this chapter, "professional health care provider" means:

- (1) a physician licensed under IC 25-22.5;
- (2) a dentist licensed under IC 25-14;
- (3) a hospital licensed under IC 16-21;
- (4) a podiatrist licensed under IC 25-29;
- (5) a chiropractor licensed under IC 25-10;
- (6) an optometrist licensed under IC 25-24;
- (7) a psychologist licensed under IC 25-33;
- (8) a pharmacist licensed under IC 25-26;
- (9) a health facility licensed under IC 16-28-2;
- (10) a registered or licensed practical nurse licensed under IC 25-23;
- (11) a physical therapist licensed under IC 25-27;
- (12) a home health agency licensed under IC 16-27-1;
- (13) a community mental health center (as defined in

- 1 IC 12-7-2-38);
- 2 (14) a health care organization whose members, shareholders, or
- 3 partners are:
- 4 (A) professional health care providers described in
- 5 subdivisions (1) through (13);
- 6 (B) professional corporations comprised of health care
- 7 professionals (as defined in IC 23-1.5-1-8); or
- 8 (C) professional health care providers described in
- 9 subdivisions (1) through (13) and professional corporations
- 10 comprised of persons described in subdivisions (1) through
- 11 (13);
- 12 (15) a private psychiatric hospital licensed under IC 12-25;
- 13 (16) a preferred provider organization (including a preferred
- 14 provider arrangement or reimbursement agreement under
- 15 IC 27-8-11);
- 16 (17) a health maintenance organization (as defined in
- 17 IC 27-13-1-19) or a limited service health maintenance
- 18 organization (as defined in IC 27-13-34-4);
- 19 (18) a respiratory care practitioner certified under IC 25-34.5;
- 20 (19) an occupational therapist certified under IC 25-23.5;
- 21 (20) a state institution (as defined in IC 12-7-2-184);
- 22 (21) a clinical social worker who is licensed under
- 23 IC 25-23.6-5-2;
- 24 (22) a managed care provider (as defined in IC 12-7-2-127(b));
- 25 or
- 26 (23) a nonprofit health care organization affiliated with a
- 27 hospital that is owned or operated by a religious order, whose
- 28 members are members of that religious order.
- 29 (b) As used in this chapter, "evaluation of patient care" relates to:
- 30 (1) the accuracy of diagnosis;
- 31 (2) the propriety, appropriateness, quality, or necessity of care
- 32 rendered by a professional health care provider; and
- 33 (3) the reasonableness of the utilization of services, procedures,
- 34 and facilities in the treatment of individual patients.
- 35 As used in this chapter, the term does not relate to charges for services
- 36 or to methods used in arriving at diagnoses.
- 37 (c) As used in this chapter, "peer review committee" means a
- 38 committee that:

- 1 (1) has the responsibility of evaluation of:
- 2 (A) qualifications of professional health care providers;
- 3 (B) patient care rendered by professional health care
- 4 providers; or
- 5 (C) the merits of a complaint against a professional health
- 6 care provider that includes a determination or
- 7 recommendation concerning the complaint, and the
- 8 complaint is based on the competence or professional
- 9 conduct of an individual health care provider which
- 10 competence or conduct affects or could affect adversely the
- 11 health or welfare of a patient or patients; and
- 12 (2) meets the following criteria:
- 13 (A) The committee is organized:
- 14 (i) by a state, regional, or local organization of
- 15 professional health care providers or by a nonprofit
- 16 foundation created by the professional organization for
- 17 purposes of improvement of patient care;
- 18 (ii) by the professional staff of a hospital, another
- 19 health care facility, a nonprofit health care organization
- 20 (under subsection (a)(23)), or a professional health
- 21 care organization;
- 22 (iii) by state or federal law or regulation;
- 23 (iv) by a governing board of a hospital, a nonprofit
- 24 health care organization (under subsection (a)(23)), or
- 25 professional health care organization;
- 26 (v) as a governing board or committee of the board of
- 27 a hospital, a nonprofit health care organization (under
- 28 subsection (a)(23)), or professional health care
- 29 organization;
- 30 (vi) by an organization, a plan, or a program described
- 31 in subsection (a)(16) through (a)(17);
- 32 (vii) as a hospital or a nonprofit health care
- 33 organization (under subsection (a)(23)) medical staff
- 34 or a section of that staff; or
- 35 (viii) as a governing board or committee of the board
- 36 of a professional health care provider (as defined in
- 37 subsection (a)(16) through (a)(17)).
- 38 (B) At least fifty percent (50%) of the committee members

1 are:

- 2 (i) individual professional health care providers, the  
 3 governing board of a hospital, the governing board of  
 4 a nonprofit health care organization (under subsection  
 5 (a)(23)), or professional health care organization, or  
 6 the governing board or a committee of the board of a  
 7 professional health care provider (as defined in  
 8 subsection (a)(16) through (a)(17)); or  
 9 (ii) individual professional health care providers and  
 10 the committee is organized as an interdisciplinary  
 11 committee to conduct evaluation of patient care  
 12 services.

13 However, "peer review committee" does not include a medical review  
 14 panel created under IC 27-12-10.

15 (d) As used in this chapter, "professional staff" means:

- 16 (1) all individual professional health care providers authorized  
 17 to provide health care in a hospital or other health care facility;  
 18 or  
 19 (2) the multidisciplinary staff of a community mental health  
 20 center (as defined in IC 12-7-2-38).

21 (e) As used in this chapter, "personnel of a peer review committee"  
 22 means not only members of the committee but also all of the  
 23 committee's employees, representatives, agents, attorneys,  
 24 investigators, assistants, clerks, staff, and any other person or  
 25 organization who serves a peer review committee in any capacity.

26 (f) As used in this chapter, "in good faith" refers to an act taken  
 27 without malice after a reasonable effort to obtain the facts of the matter  
 28 and in the reasonable belief that the action taken is warranted by the  
 29 facts known. In all actions to which this chapter applies, good faith  
 30 shall be presumed, and malice shall be required to be proven by the  
 31 person aggrieved.

32 (g) As used in this chapter, "professional health care organization"  
 33 refers to an organization described in subsection (a)(14).

34 **(h) As used in this chapter, "professional review activity"**  
 35 **means an activity of a peer review committee of a hospital licensed**  
 36 **under IC 16-21 with respect to a professional health care provider**  
 37 **to:**

- 38 **(1) determine whether the professional health care provider**

- may have privileges with respect to the hospital;
- (2) determine the scope or conditions of the privileges; or
- (3) change or modify the privileges.

The term includes the establishment and enforcement of standards and rules by the governing board of a hospital concerning practice in the hospital and the granting and retention of privileges within the hospital.

SECTION 17. IC 34-4-12.6-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 1999]: Sec. 3. (a) There shall be no liability on the part of, and no action of any nature shall arise against, **an organization, a peer review committee, or** the personnel of a peer review committee for any act, statement made in the confines of the **organization or** committee, or proceeding ~~thereof of the organization or committee~~ made in good faith in regard to:

- (1) evaluation of patient care as that term is defined and limited in section 1(b) of this chapter; **or**
- (2) **professional review activity as defined and limited in section 1(h) of this chapter.**

(b) Notwithstanding any other law, a peer review committee, an organization, or any other person who, in good faith and as a witness or in some other capacity, furnishes records, information, or assistance to a peer review committee that is engaged in:

- (1) the evaluation of the qualifications, competence, or professional conduct of a professional health care provider; or
- (2) the evaluation of patient care;

is immune from any civil action arising from the furnishing of the records, information, or assistance, unless the person knowingly furnishes false records or information.

(c) The personnel of a peer review committee shall be immune from any civil action arising from any determination made in good faith in regard to evaluation of patient care as that term is defined and limited in section 1(b) of this chapter.

(d) No restraining order or injunction shall be issued against a peer review committee or any of the personnel ~~thereof of the committee~~ to interfere with the proper functions of the committee acting in good faith in regard to evaluation of patient care as that term is defined and limited in section 1(b) of this chapter.

(e) If the action of the peer review committee meets the standards

specified by this chapter and the federal Health Care Quality Improvement Act of 1986, P.L.99-660, the following persons are not liable for damages under any federal, state, or local law with respect to the action:

(1) The peer review committee.

(2) Any person acting as a member or staff to the peer review committee.

(3) Any person under a contract or other formal agreement with the peer review committee.

(4) Any person who participates with or assists the peer review committee with respect to the action.

(f) Subsection (e) does not apply to damages under any federal or state law relating to the civil rights of a person including:

(1) the federal Civil Rights Act of 1964, 42 U.S.C. 2000e, et seq.; and

(2) the federal Civil Rights Act, 42 U.S.C. 1981, et seq."

Page 10, between lines 25 and 26, begin a new paragraph and insert:

"SECTION 18. [EFFECTIVE JULY 1, 1998] (a) **IC 27-1-13-7, as amended by this act, applies to all medical malpractice liability insurance policies issued, delivered, or renewed after January 1, 1999.**

**(b) This SECTION expires January 1, 2000."**

Page 10, delete lines 26 through 30.

Page 10, line 31, delete "The actuary" and insert "**After the department**".

Page 10, line 32, delete "that".

Page 10, line 33, after "act," insert "**the department**".

Page 10, line 33, delete "provide" and insert "**publish in the Indiana Register**".

Page 10, line 35, delete "to the department of insurance not later than" and insert ".".

Page 10, delete line 36.

Page 10, line 37, delete "mail" and insert "**publish**".

Page 10, line 38, delete "to each licensed physician" and insert "**in the Indiana Register**".

- 1 Page 10, line 39, delete "March" and insert "**February**".
- 2 Renumber all SECTIONS consecutively.  
(Reference is to SB 390 as printed January 21, 1998.)

**and when so amended that said bill do pass.**

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Representative Fry